



# TRANSCRIPT REQUEST FORM

Name: \_\_\_\_\_ Student ID or SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Transcript to be sent to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is this your first request for a transcript? ☐ Yes ☐ No

The first transcript is issued free of charge. Subsequent requests will require a \$5.00 transcript fee. Student records are not released unless financial account is current. If this is not your first request, please remit \$5.00 with this request and mail to:

FIRE School of Ministry  
Attn: Registrar  
P.O. Box 5108  
Concord, NC 28027

## METHOD OF PAYMENT

☐ Check/Money Order Payable to FIRE School of Ministry: Check #: \_\_\_\_\_

☐ Credit Card\*: ☐ Master Card ☐ Visa ☐ Discover ☐ AMEX

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*You may submit your credit card information in the space provided or send us the information by email, telephone, or fax.*

### Office Use Only:

☐ Balance Paid in Full ☐ Transcript Fee Entered ☐ Transcript Release Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_